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Complete and mail this form, together with applicable fee(s), to: Mail Box ISSUE FEE
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7590 04/08/2003

Brent A. Capehart, Esq.
PO Box 4126
Tulsa, OK 74159

Capehart
Box 4126
OK, 74159

09/854,087

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Brent A. Capehart (Depositor's name)
(Signature)
5-10-03 5/9/03 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/854,087	05/11/2001	Dave Wilkes	01-138	6988

TITLE OF INVENTION: ABOVE BARREL GRIP APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	$1300	$0	$650.00	07/08/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
[redacted]	3641	042-072000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Capehart Law Firm, PLI
2 Brent A. Capehart
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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